

## **Stockbridge-Munsee Community**

## **Employment Application Form**



Thank you for your interest in the Stockbridge-Munsee Community. Please fill out the application completely and return it to the Human Resource Department. All applications for professional positions require a resume as well as a completed application. Incomplete applications will not be accepted and may result in a lost job opportunity. A resume does not take

the place of a complete application. Please take the time to review your application for completeness. If you have any questions or concerns you may contact Melissa Welch, Human Resource Specialist at (715) 793-4376. Thank you for your cooperation. Date of Application: Month: Day: First Name: Middle: Last Name: Address: City: Zip Code: State: **Phone Number:** Message Phone: **Email Address:** Social Security No: **Position Applied For:** Date Available: Month: Day: Year: Salary Desired: Are you at least 18 years of age? No Please indicate which types of employment interests you? Check more than one box if you wish. **Permanent-Part Time Permanent-Full Time Temporary-Full Time Temporary-Part Time** Are you a veteran? Yes What branch of the service? The Stockbridge-Munsee Community operates as an equal opportunity employer - except Indian Preference is given in accordance with the Tribal Employment Preference Ordinance. 1. Are you an enrolled member of the Stockbridge-Munsee Tribe? Yes No If yes, what is your enrollment number? 2. If not an enrolled member are you a direct descendent of the Stockbridge-Munsee Tribe? Yes

If yes, what is the full name of your biological parent?

3. Are you a legal spouse of an enrolled member of the Stockbridge-Munsee Tribe?

If yes, what is your spouse's full name?

4. Are you an Indian who is an enrolled member of another tribe? No

If yes, what is the name of the tribe?

Name and	Location of Hig	h School:		Do you ha	ave a High School <mark>Diplo</mark>	ma? Yes No			
				Do you have a GED equivalency? Yes No					
Tra	ining beyond Hi	gh School: C	ollege/Universi	ity <mark>/N</mark> ursing/Busin	ess College or Vocation	al Education Colleges			
N	lame and Location	on	From	То	Major Field	Degree Earned			
Do you hav	ve access to a ca	ar? Yes	No Do	you have a valid	driver's license?	es No			
The Cteels		<b>.</b>		l		:			
					ce.  Screening tests for nent drug screeni <mark>ng tes</mark>	illegal drug use are required t?			
Yes	No								
Screening	tests for health	assassments	are required fo	r employment Do	o vou agree to submit to	a pre-employment health			
assessme		assessments	are required to	r employment. De	o you agree to submit to	a pre-employment meanin			
Yes	No								
List your la	ast three employ	ers, assignme		nployment History er activities, start	y ing with your most rece	nt, including military			
experience	e. E <mark>xplain</mark> any ga	ps in employ	ment in the con	nments section b	elow.	, <b>,</b>			
Employer									
Address									
Phone Nur	nber								
Job Title									
Superviso	· & Title								
Reason for	Leaving								
Dates of E	mployment								

Duties of Work Performed				
May we contact for reference?	Yes	No		
Employer				
Address				
Phone Number				
Job Title				
Supervisor & Title				
Reason for Leaving				
Dates of Employment				
Salary				
Duties of Work Performed				
May we contact for reference?	Yes	No		
Employer				
Address				
Phone Number				
Job Title				
Supervisor & Title				
Reason for Leaving				
Dates of Employment				
Salary				
Duties of Work Performed				
May we contact for reference?	Yes	No		
Comments, including explanation of any ga	aps in employment			

Salary

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you with the Stockbridge-Munsee Community.

I hereby authorize all parties named in this application to disclose to the Stockbridge-Munsee Community Human Resources Office any information necessary to determine eligibility for employment, including information regarding my service, character and conduct, and I hereby release the parties from all liability that may arise from furnishing such information. This authorization is good for one year from the date signed.

Agree Disagree Initials

Please Send To:

Human Resource Department Stockbridge-Munsee Community N8705 Moh He Con Nuck Road Bowler, WI 54416

Email Address: john.miller@mohican-nsn.gov